

INSTRUCTIONS: This form should be completed for randomized patients who are selected as part of ongoing quality control for the ISV Trial. The Patient Randomization Receipt will indicate which patients and visits have been selected for quality control repeat measurements.

Section A: KEY IDENTIFYING INFORMATION

A1. Study Identification Number _____ - _____ - _____ - _____

Replaced by blinded ID

blind_id	Blinded ID
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A2. Acrostic Identifier _____ - _____ - _____ - _____

Removed to protect privacy

A3. Study Visit

STUDY VISIT 1 (Day 4).....	1
STUDY VISIT 3 (Pre-Glenn).....	3
STUDY VISIT 5 (Age 10 mo.).....	5
STUDY VISIT 6 (Age 14 mo).....	6

VISIT	A3. Visit
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A4. Date of form completion

_____	_____	/	_____	_____	/	_____	_____	_____	_____
M	M		D	D		Y	Y	Y	Y

Replaced by age at form completion

comp_age	A4. <created var>Age at form completion, days
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A5. Name of person completing form

_____	_____
PRINT FULL NAME	INITIALS

Removed to protect privacy

Section B: ANTHROPOMETRIC MEASUREMENTS

B1. Date of birth

_____	_____	/	_____	_____	/	_____	_____	_____	_____
M	M		D	D		Y	Y	Y	Y

Removed to protect privacy

B2. Gender

MALE.....	1	FEMALE	2
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SEXS500	B2. Gender
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	a.	b.	Absolute Difference	c.
	Measure 1	Measure 2		Measure 3
B3. Weight (kg)	___ . ___	___ . ___	> 0.1 kg →	___ . ___

WT1_QC	B3a. Weight Measure 1, kg
WT2_QC	B3b. Weight Measure 2, kg
WT3_QC	B3c. Weight Measure 3, kg

	a.	b.	Absolute Difference	c.
	Measure 1	Measure 2		Measure 3
B4. Length (cm)	___ . ___	___ . ___	> 1.0 cm →	___ . ___

HT1_QC	B4a. Length Measure 1, cm
HT2_QC	B4b. Length Measure 2, cm
HT3_QC	B4c. Length Measure 3, cm

	a.	b.	Absolute Difference	c.
	Measure 1	Measure 2		Measure 3
B5. Head circumference (cm)	___ . ___	___ . ___	> 0.2 cm →	___ . ___

HC1_QC	B5a. Head Circumference 1, cm
HC2_QC	B5b. Head Circumference 2, cm
HC3_QC	B5c. Head Circumference 3, cm

Weight: If measurements 1 and 2 do not agree within 0.1 kg, complete measurement 3.

Length: If measurements 1 and 2 do not agree within 1.0 cm, complete measurement 3

Head Circumference: If measurements 1 and 2 do not agree within 0.2 cm, complete measurement 3

FAX COMPLETED FORM (and Form S106) WITHIN 3 DAYS OF QUALITY CONTROL VISIT TO:
ISV PROJECT DIRECTOR
PHN DATA COORDINATING CENTER
FAX NUMBER: 617-923-4176

B6. Date form faxed to PHN DCC / / - - -

M M / D D / Y Y Y Y

Replaced by age when faxed to PHN DCC

fax500_age	B6. <created var>Age when form faxed to PHN DCC, days
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